

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY										
Prefix		Serial								
DA ⁻	TE RECEIV	ED								

Name of Offering (□ check if	this is an amendment and r	name has cha	inged, and in	dicate change.)		
2004 Private Placement of Serie	es C Preferred Stock			-		
Filing Under (Check box(es) that	apply): 🔲 Rule 504 🗀	Rule 505	△ Rule 506	☐ Section 4(6)	☐ ULOE	
Type of Filing:					_	
	A. BASIC II	DENTIFICA	TION DATA			
1. Enter the information requested	d about the issuer					
Name of Issuer (check if thi Micro-Heat, Inc.	s is an amendment and nam	ne has chang	ed, and indica	ate change.)		
Address of Executive Offices	(Number and Stree	et, City, Stat	e, Zip Code)	Telephone Number	(Including	Area Code)
27611 Halsted Road, Farmington	Hills, MI 48331			248-489-2400		
Address of Principal Business Op (if different from Executive Office		et, City, State	e, Zip Code)	Telephone Number	r (Including /	Area Code)
Brief Description of Business				<u> </u>		
						DROCECCE
Develops electric heating method	ods for liquids				•	0 0 400
						FEB 0 8 2005
Type of Business Organization Corporation	☐ limited partnership, al	lready forme	đ	D -4h (-1	-15.	TE HORMAN
☐ business trust	☐ limited partnership, to	be formed		other (please spe	scity):	_THOMSUN JFINANCIAL
Actual or Estimated Date of Inco	rporation or Organization:	Month 0 2	Year 9 8	☑ Actual □ Est	imated	
Jurisdiction of Incorporation or C	Organization: (Enter two-let CN for Canac					_

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTI	FICATION DATA		
2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organized	within the past five year	rs;	
 Each beneficial owner having the power to vote or dispose, of securities of the issuer; 	r direct the vote or dispo	sition of, 10%	or more of a class of equit
Each executive officer and director of corporate issuers and of	corporate general and m	anaging partne	rs of partnership issuers; and
• Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: Promoter Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Pilibosian, Gary			
Business or Residence Address (Number and Street, City, State, 2 c/o 27611 Halsted Road, Farmington Hills, M I 48331	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Bledsoe, John			
Business or Residence Address (Number and Street, City, State, 2	Zin Code)	*****	
c/o 27611 Halsted Road, Farmington Hills, MI 48331	,		
Check Box(es) that Apply: Promoter Beneficial Owner	△ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		······································	
Segev, Asher			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
c/o 27611 Halsted Road, Farmington Hills, MI 48331			
Check Box(es) that Apply: Promoter Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Golod, Gal		· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and Street, City, State, 2 c/o 27611 Halsted Road, Farmington Hills, MI 48331	Zip Codé)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Neustadter, Peter Business or Residence Address (Number and Street, City, State, 2)	7:- C-4-)		
Business or Residence Address (Number and Street, City, State, 2 c/o 27611 Halsted Road, Farmington Hills, MI 48331	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	÷.		
Ivanov, Slava			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
c/o 27611 Halsted Road, Farmington Hills, MI 48331			
Check Box(es) that Apply: Promoter Beneficial Owner	△ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Thomas, Paul			
Business or Residence Address (Number and Street, City, State, 2	Zip Code)		
c/o 27611 Halsted Road, Farmington Hills, MI 48331			
(Use blank sheet, or copy and use addit	ional copies of this sheet	, as necessary.))

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	A. BASIC IDENTII	FICATION DATA		
2. Enter the information requested for the follow				
• Each promoter of the issuer, if the issuer	has been organized	within the past five year	rs;	
 Each beneficial owner having the power t securities of the issuer; 	o vote or dispose, or	direct the vote or dispo	sition of, 10%	or more of a class of equity
Each executive officer and director of corp	porate issuers and of	corporate general and m	anaging partner	s of partnership issuers; and
 Each general and managing partner of partner 	artnership issuers.			
Check Box(es) that Apply:	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Rubin, Aryeh Business or Residence Address (Number and S	Street, City, State, Z	in Code)		
	-	ip code,		
c/o 27611 Halsted Road, Farmington Hills, MI Check Box(es) that Apply: Promoter D		☐ Executive Officer	☑ Director	Concept and for
Check Box(es) man Apply. C Florible C	Benerican Owner	LI Executive Officer	La Direccon	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	······································			· · · · · · · · · · · · · · · · · · ·
Sonnenfeldt, Michael				
Business or Residence Address (Number and	Street, City, State, Z	ip Code)		
c/o 27611 Halsted Road, Farmington Hills, MI	18331			.2
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Neustadter, Alan				
Business or Residence Address (Number and	Street, City, State, Z	lip Code)		
c/o 27611 Halsted Road, Farmington Hills, MI	48331			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Franco, Solomon				
Business or Residence Address (Number and	Street, City, State, Z	(ip Codé)	·	
c/o 27611 Halsted Road, Farmington Hills, MI	48331			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Gizelter, Arnon S.				
·	Street, City, State, Z	(ip Code)		
c/o 27611 Halsted Road, Farmington Hills, MI	48331	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply: Promoter Output Description:	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				•
Insight Capital Ltd.				
Business or Residence Address (Number and	Street, City, State, Z	(ip Code)		
27 Yoav Street, Tel Aviv 69081, Israel				
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Z	ip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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			and the second	B. 1	NFORMA	TION AB	OUT OFF	ERING		 			
1 Has	the issuer	sold or de								· · · · · · · · · · · · · · · · · · ·		Yes	No Ø
I. Has	the issuel	sola, oi ui							_			. ப	K.J
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										. s_N/	Ά		
Z. wna	it is the mi	nimum inv	vestment ti	aat will be	accepted	from any	inarviausi :	•••••	• • • • • • • • •		• • • • • •		
3. Does	s the offeri	ng permit	joint own	ership of a	a single un	it?			• • • • • • • • • • • • • • • • • • •			. Yස . Ď	No
4. Ente sion to be list t	er the inforr or similar r e listed is a	nation req emunerati n associate f the broke	uested for on for solic ed person c er or deale	each perso citation of or agent of r. If more	n who has purchasers a broker than five	been or wi in connec or dealer r (5) persons	ll be paid of tion with sa egistered was to be liste	or given, di ales of secu with the SE and are asso	rectly or in trities in the C and/or	directly, any e offering. If with a state of such	commis a perso or states	s- n s,	
Full Name	e (Last nar	ne first, if	individua	1)									
Ossash			4										
	eimer & Co or Residence		(Number	and Street	City Sta	ite. Zin Ci	ode)						
			·			, шр о							
	arl Street, N			Rapids, M	49503								
Name of	Associated	Broker of	Dealer										
States in	Which Pers	son Listed	Has Solic	ited or Int	ends to Sc	licit Purcl	hasers						
(Check	"All State	s'' or chec	k individu	al States)				. .					States
[AL]	[AK]	[AZ]	[AR]	[ČA]	[CO]	[CT]	[DE]	[DC]	[FL]		[HI]	[ID	1
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M:]		[MS]	[MO	-
[MT]	[NE]	[NV]	[ŅH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[ÎN]	[T&X]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	}
Business of	or Residence	ce Address	(Number	and Street	t, City, Sta	ate, Zip Co	ode)			,			
Name of	Associated	Broker or	Dealer										
States in	Which Per	son Listed	Has Solic	ited or Int	ends to Sc	dicit Purcl	hasers						
													States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	-
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[он]		[OR]	[PA	-
[RI]	{ SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR	.]
Full Nam	e (Last nar	ne first, if	individua	1)									
Business of	or Residence	ce Address	(Number	and Street	t, City, Sta	ate, Zip Co	ode)						
Name of	Associated	Broker or	r Dealer					<u> </u>					
States in	Which Per	son Listed	Has Solic	ited or Int	ends to So	olicit Purc	hasers						
•	"All State											□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$	\$
	Equity	\$ 15,000,000	<u>\$,10,206,791</u>
	□ Common Ď Preferred		
	Convertible Securities (including warrants)	s	S
	Partnership Interests	\$	s
	Other (Specify)	s	s
	Total	<u>\$ 15,000,000</u>	\$ 10,206,791
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	32	<u>\$ 10,206,791</u>
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		S
	Regulation A		S
	Rule 504		s
	Total		s
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		S
	Printing and Engraving Costs		\$
	Legal Fees	🛭	s 90,000
	Accounting Fees	🗖	s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		<u>\$ 555,000</u>
	Other Expenses (identify) Miscellaneous		\$ 20,000
	Total		\$ 665,000

_	C. OFFERING PRICE, NU	MOMER OF INVESTORS, EXPENSES A	ND USE	OF PROCEED	s
	b. Enter the difference between the aggregat tion 1 and total expenses furnished in respon "adjusted gross proceeds to the issuer."	ise to Part C - Question 4.a. This differe	ince is the	;	s 14.335,000
i,	Indicate below the amount of the adjusted grused for each of the purposes shown. If the estimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set	amount for any purpose is not known, t stimate. The total of the payments listed n	furnish ar nust equa	1]	
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		🗆 :		□ s
	Purchase of real estate		D :	<u> </u>	U \$
	Purchase, rental or leasing and installation	on of machinery and equipment	🛛 :	S	□ \$
	Construction or leasing of plant building	s and facilities	🗆 :	S.,	□ s
	Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	or the assets or securities of another	🗅 :	5	O \$
	Repayment of indebtedness		🗅	\$ <u></u>	□ \$
	Working capital		🗵 .	<u> 14,335,000</u>	图 \$ 665,000
	Other (specify):	***************************************	🖸	s	
			🗅		
	Column Totals		🖾	<u> 14,335,000 </u>	⊠ \$ 665,000
	Total Payments Listed (column totals ad	dded) , , , , , , , , , , , , , , , , , , ,		<u> </u>	,000,000
_		D, FEDERAL SIGNATURE			
C	he issuer has duly caused this notice to be sign flowing signature constitutes an undertaking buest of its staff, the information furnished by	y the issuer to furnish to the U.S. Securit	ies and E	xchange Commis	ssion, upon written re-
S	suer (Print or Type)	Signature		Date	
V	licro-Heat, Inc	1 X -1		X Jan	uary <u>3 / ,</u> 2005
V	ame of Signer (Print or Type)	Title of Signer (Print or Type)		1-241	
C	Bary Pilibosian	CEO			

---ATTENTION-

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

١.	Is any party described in 17 CFR 230.262 presently subject to a of such rule?					Yes	Z0 ØZ
	See Appendix, Calumn 5	, for state	r e sponse.				
2.	 The undersigned issuer hereby undertakes to furnish to any state a Form D (17 CFR 239,500) at such times as required by state law 		orofany	state in which t	his notice is filed,	a noti	ce on
3	3 The undersigned issuer hereby undertakes to furnish to the state a issuer to offerees.	dministrati	ors, upon 1	written request,	information furn	ish ed b	y the
4.	4. The undersigned issuer represents that the issuer is familiar with t limited Offering Exemption (ULOE) of the state in which this not of this exemption has the burden of establishing that these condi-	ice is filed	and under	stands that the			
	ne issuer has read this notification and knows the contents to be true dessigned duly authorized person.	and has d	iuly caused	this notice to	be signed on its b	ehalf b	ry the
issu	suer (Print or Type) Signature	7	C		Date 2 /		
Μι	flicro-Heat, Inc.	_		Ŗ	January 21	2005	ı
Nac	Title (Print or Type)	Tunel			*		

QEO.

Gary Pilibosian

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APT	ENDEX				11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 ×
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE attach ation of granted)
State	Yes	No	Series C Pfd Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL						22.00.015	181000011	103	1.40
AK								-	
AZ									
AR							<u> </u>		
CA									
СО									
СТ					_				
DE									
DC									_
FL									
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APPENDE

1		2	3		5						
			Type of security	4 5 Disqualification under State ULOE							
		to sell	and aggregate								
		ccredited s in State	offering price offered in state			investor and chased in State		explana waiver	tion of granted)		
		-Item 1)	(Part C-Item1)			C-Item 2)			-Item1)		
			Series C Pfd Stock	Number of Accredited		Number of Non-Accredited	II.				
State	Yes	No	Series C Pid Stock	Investors	Amount	Investors	Amount	Yes	No		
MT							, <u></u>				
NE											
NV											
NH											
NJ											
NM											
NY							-				
NC											
ND											
ОН											
ОК								<u></u>			
OR											
PA											
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sc								ļ 			
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